

PO6006000419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

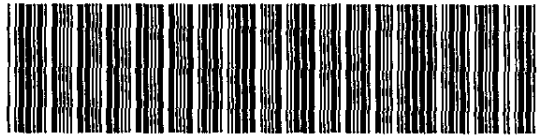
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500069132355

03/31/06--01018--006 **43.75

Diss/w/Notice
SG

FILED
06 MAR 31 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 7, 2006

LUIS O. HERNANDEZ
RUIS PEDRE MEDICAL EQUIPMENT CO
5209 NW 74TH AVENUE #204
MIAMI, FL 33166

SUBJECT: RUIZ-PEDRE MEDICAL EQUIPMENT CORP
Ref. Number: P06000000419

We have received your document for RUIZ-PEDRE MEDICAL EQUIPMENT CORP and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert
Document Specialist

Letter Number: 706A00023583

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ruiz-Pedre Medical Equipment Corp

DOCUMENT NUMBER: P06000000419

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Luis O Hernandez

(Name of Contact Person)

Ruis-Pedre Medical Equipment Co

(Firm/Company)

5209 NW 74 Avenue # 204

(Address)

Miami, Florida 33166

(City/State and Zip Code)

For further information concerning this matter, please call:

Luis O Hernandez at (786) 512-1679

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Ruiz-Pedre Medical Equipment Corp

SECOND: The document number of the corporation (if known): P06000000419

THIRD: The file date the articles of incorporation: 01/03/2006

FOURTH: (CHECK AT LEAST ONE BOX)

None of the corporation's shares have been issued.

The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

A majority of the incorporators authorized the dissolution.

A majority of the directors authorized the dissolution.

FILED
06 MAR 31 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature: _____

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Luis O Hernandez

(Typed or printed name of person signing)

PVS

(Typed or printed name of person signing)

06 APR 25 AM 8:00

Filing Fee: \$35

RECEIVED

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Ruiz-Pedre Medical Equipment Corp

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

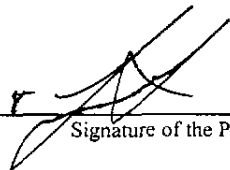
The corporation has not commenced business

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

5209 NW 74 Avenue Suite # 204
Miami, FI 33166

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Luis O Hernandez
Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00